REMARKS/ARGUMENTS

Claims 1-17, 44, 48-52, 55, and 60-70 are pending. Claims 1, 13, 44, and 67, as well as the specification, have been amended. New claims 69 and 70 have been added. No new matter has been introduced. Applicants believe the claims comply with 35 U.S.C. § 112. Claims 1-12, 44, 50-52, 55, 60-66, and 69-70

Claims 1, 3-12, 50, 63, and 65-66 stand rejected under 35 U.S.C. § 102(b) as being anticipated by Pohndorf et al. (US 5,353,800). Dependent claims 2, 44, 51, 52, 60-62, and 64 stand rejected under 35 U.S.C. § 103(a) as being unpatentable over Pohndorf et al. in view of other secondary references.

Applicants respectfully submit that claim 1 is novel and patentable over Pohndorf et al. and other cited references because, for instance, they do not teach or suggest piercing a heart wall of the heart with a trocar to form a hole; and advancing the distal end portion of the pressure transmission catheter through the hole so that the opening is disposed in a chamber of the heart. As discussed in the specification at page 20, lines 13-18, the use of a solid core needle (trocar) to make a hole in the heart wall eliminates coring and emboli formation which may be associated with hollow needles and maximizes compression exerted on the pressure transmission catheter (PTC) 34 by the myocardium, thereby accelerating hemostasis.

Pohndorf et al. discloses the use of a hollow needle 16 to pass through the heart wall (col. 3, lines 28-31; col. 4, lines 58-61). Pohndorf et al. does not teach or suggest either the recited structure or the advantages of the use of a trocar to eliminate coring and emboli formation. The other cited references do not cure the deficiencies of Pohndorf et al.

For at least the foregoing reasons, claim 1, and claims 2-12, 44, 50-52, 55, 60-66, and 69-70 depending therefrom, are patentable.

Claims 13-17, 48, 49

Claims 13-17, 48, and 49 stand rejected under 35 U.S.C. § 103(a) as being unpatentable over Pohndorf et al. in view of Eigler et al. (US 6,328,699). The Examiner acknowledges that Pohndorf et al. does not disclose wireless communication between the

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implanted monitor and an external device, and cites Eigler et al. for allegedly providing the missing teaching.

Applicants respectfully submit that independent claim 13 is patentable over Pohndorf et al. and Eigler et al. because, for instance, they do not teach or suggest piercing a heart wall of the heart with a trocar to form a hole; and implanting the device such that the catheter extends across the hole of the heart wall, with a distal end of the catheter disposed in a chamber of the heart and the pressure sensor assembly connected to the heart wall outside the chamber.

As discussed above, Pohndorf et al. discloses the use of a hollow needle 16 to pass through the heart wall, while the other cited references do not cure the deficiencies of Pohndorf et al.

For at least the foregoing reasons, claim 13, and claims 14-17, 48, and 49 depending therefrom, are patentable.

Claims 67 and 68

Claims 67 and 68 stand rejected under 35 U.S.C. § 102(b) as being anticipated by Pohndorf et al. (US 5,353,800).

Applicants respectfully submit that independent claim 67 is patentable over Pohndorf et al. and Eigler et al. because, for instance, they do not teach or suggest piercing a heart wall of the heart with a trocar to form a hole; and advancing the distal end portion of the pressure transmission member through the hole so that the opening is disposed in a chamber of the heart.

As discussed above, Pohndorf et al. discloses the use of a hollow needle 16 to pass through the heart wall, while the other cited references do not cure the deficiencies of Pohndorf et al.

For at least the foregoing reasons, claim 67 and claim 68 depending therefrom are patentable.

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CONCLUSION

In view of the foregoing, Applicants believe all claims now pending in this Application are in condition for allowance. The issuance of a formal Notice of Allowance at an early date is respectfully requested.

If the Examiner believes a telephone conference would expedite prosecution of this application, please telephone the undersigned at 650-326-2400.

Respectfully submitted,

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